

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Tysheea Rashon Davis

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

United States Marines, City
of Philadelphia (Police Department),
FBI, District Attorneys Office,
SCI Dallas, Entertainment
Business, Social media,
Criminal activities on the
United States and overseas
NBA, NFL, NHL, MLB,
Hip Hop & RNB, One Source
Talent, Entertainment Attorney,
Wells Fargo Bank & TD Bank, Family Court, DEA, ATF

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Tysheea Rashon Davis</u>
	Street Address	<u>1000 Follies Road,</u>
	County, City	<u>Dallas, TX,</u>
	State & Zip Code	<u>TX, 75201</u>
	Telephone Number	<u>214-934-8182</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name United States Marines
 Street Address
 County, City Philadelphia, PA
 State & Zip Code PA, ~~18612~~ 19146

Defendant No. 2

Name City of Philadelphia (Police Department)
 Street Address
 County, City Philadelphia, PA
 State & Zip Code PA, ~~18612~~ 19146

Defendant No. 3

Name FBI
 Street Address
 County, City Philadelphia, PA
 State & Zip Code PA, ~~18612~~ 19106, PA

Defendant No. 4

Name District Attorney Office
 Street Address
 County, City Philadelphia, PA
 State & Zip Code PA, ~~18612~~ 19106

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☒ Diversity of Citizenship Both

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

my rights to speak my opinion on matters that I feel need attention. Being able to arrest and apprehend people. Can I sue for pain and suffering, and file a complaint about things that I feel that need to be addressed.

- C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Pennsylvania

Defendant(s) state(s) of citizenship Pennsylvania

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? Pennsylvania, Philadelphia, Sci Dallas, City of Philadelphia, United States.

- B. What date and approximate time did the events giving rise to your claim(s) occur? 11/4/22
7:00 pm

- C. Facts: People Sale large amount of drugs and have sex, and other things that I want to stop, such as drug-selling, sex, drug trafficking, sex trafficking, money laundering, corrupt FBI money, police brutality to AS White. I want to help sell large amount of drugs from this institution to help stop crime in the United States. I want to have sex with people to help investigate sex trafficking. These are the things that's going on that I want to help stop. I want to become a confidential informant for the FBI and the United States Marines, a info trader, as white for the ATF and the DEA, social media, Entertainment business to a white with the NBA, NFL, MLB, NHL, OneSource, Hip Hop RNB. District Attorney wears forgo Bank & TD Bank, Family Court. These Company are involved with this company complaint, because I want to sign a contract because I was a Super Star World Wide, and I want to become a Confidential Informant and a info trader because I see lots of drug sales happening and lot of drugs are being sold out in the Philadelphia and Pennsylvania community through out the United States, all around the United States a guns to a AS White and sex trafficking. These people could help me sign a contract to get involved in helping bring people to justice. I want to file a complaint on this day about what's going on in the United States.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I get sick because there is drug dealing steal in the United States and I want to help bring people to justice. my head hurts, and I get weak, from my back giving out from working out. I can't sleep until I help bring people to justice and help get these guns off the streets and drug out this DOC Department of Correction, and I have real bad allergies. my fingure hurts to as while.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I want the Court to help me investigate people that are in the United States selling drug, and Sex Trafficking, Money Laundering, Counter fit money, Drug Trafficking, Gun Trafficking, and Police brutality. Please help me become a Confidential Informant for the FBI, ATF, DEA, United States Marine, Philadelphia Police Department. I want the Court to pay me for becoming a Confidential Informant and a Informant 1 million to 10 million dollars to help bring people to justice in the entertainment business as while. I want the Court to pay me for becoming a Confidential Informant for the FBI, ATF, DEA, United States Marine, ect. I want the Court to grant me money to bring down money laundering, and people who Counter fit money. help me become a Confidential Informant and a Informant to bring down Police Brutality. I want the Court to grant me 10 million dollars to help fight crime in the United States of America.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of 3, 20 22.

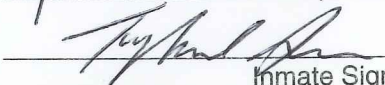
Signature of Plaintiff [Signature]
Mailing Address 1000 Folkes Road, Dallas
PA, 18612 ~~Phila~~ SCI Dallas
Telephone Number _____
Fax Number (if you have one) _____
E-mail Address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>United States District Court Eastern District of Pennsylvania</i>	2. Date: <i>11/3/22</i>
3. By: (Print Inmate Name and Number) <i>Tysheed Davis # DP-2212</i>  Inmate Signature	4. Counselor's Name <i>Mr. Keller.</i> 5. Unit Manager <i>Mr. Reperio</i>
6. Work Assignment <i>Kitchen Special</i>	7. Housing Assignment <i>H. Block 40 Cell</i>
8. Subject: State your request completely but briefly. Give details.	
<p> <i>Defendants (are) attach an additional sheet of paper with defendant names, w/ street address, County, City, State & zip code, Tel phone number. 1. United States Marines, City of Philadelphia 2. Philadelphia Police Department 3. SCI Dallas 4. Entertainment Business, 5. Social media 6. Criminal activities in the United States and over seas. 7. NBA/NFL 9. NHL 10. MLB 11. "Hip Hop, 12. RNB" OneSource talent, Entertainment Attorney 13. Wells Fargo Bank/JP Bank/Family Court 16. DEA 17 ATF, 18.</i> </p> <p> <i>Street names and address are of the defendant are - Street address - County, City Philadelphia, PA, State & zip code - Pennsylvania, 19146, 19106, Telephone numbers -</i> </p>	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____ / _____ Date _____
 Print Sign

Note:

This Designation Form must be signed before submission to the Clerk's Office *or a case number will not be assigned.*

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 1000 Follias Road Dallas, TX, 75212

Address of Defendant: _____

Place of Accident, Incident or Transaction: SCI Dallas

RELATED CASE, IF ANY:

Case Number: CP-51-CR-000-8148 Judge: J. Scott O'Keefe Date Terminated: 11/3/22

Civil cases are deemed related when **Yes** is answered to any of the following questions:

- | | | |
|--|------------------------------|--|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ is / ☐ is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 11/3/22 Must sign here

Attorney-at-Law / Pro Se Plaintiff Attorney I.D. # (if applicable)

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- ☒ 1. Indemnity Contract, Marine Contract, and All Other Contracts
☐ 2. FELA
☐ 3. Jones Act-Personal Injury
☐ 4. Antitrust
☐ 5. Patent
☐ 6. Labor-Management Relations
☐ 7. Civil Rights
☐ 8. Habeas Corpus
☐ 9. Securities Act(s) Cases
☐ 10. Social Security Review Cases
☐ 11. All other Federal Question Cases
(Please specify): _____

B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
☐ 2. Airplane Personal Injury
☐ 3. Assault, Defamation
☐ 4. Marine Personal Injury
☐ 5. Motor Vehicle Personal Injury
☐ 6. Other Personal Injury (Please specify): _____
☐ 7. Products Liability
☐ 8. Products Liability - Asbestos
☐ 9. All other Diversity Cases
(Please specify): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify:

☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:

☐ Relief other than monetary damages is sought.

DATE: _____ Sign here if applicable

Attorney-at-Law / Pro Se Plaintiff Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

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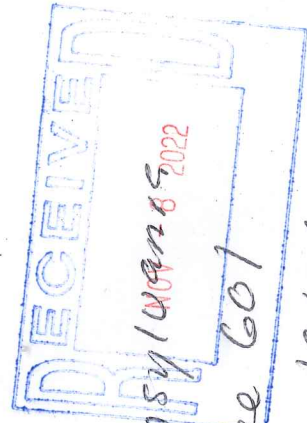
INMATE MAIL

Smart Communications/PADOC
SCI-Dallas

NAME Tyshed Davis

NUMBER # Q1-2218

CI Dallas
000 Follies Rd
Dallas PA 18612



U.S. District
District of Pennsylvania
James A. Byrne U.S. Court house 601
Market Street Philadelphia, PA, 19106

19106\$9999

